and its impact on cash loss because of delay in taking a decision; and

(d) whether BIFR has reviewed the case and what is the reaction of Government to the reviewed final package from BIFR?

THE MINISTER OF STATE IN THE MINISTRY OF INDUSTRY (DR. C. SILVERA): (a) to (d) The Board for Industrial and Financial Reconstruction (BIFR) circulated a draft Revival Scheme for Tyre Corporation of India (TCIL) on 28.12.94. As certain reliefs and concessions assumed in the Scheme could not be agreed by the Government of India, BIFR was requested to review the Scheme. Government's views were conveyed to BIFR on 21.4.95. In its hearing held on 8.8.95, BIFR asked the Operating Agency to review the Revival Scheme. According to the revised Report submitted to the BIFR on 25.9.95, the Revival Scheme for Tangra Unit was not financially and commercially viable. The Company has subsequently formulated an alternate proposal for the Tangra Unit envisaging an investment plan of Rs. 25.85 crores, which has been forwarded to BIFR. The Operating Agency has convened a Joint Meeting on 15.12.95 to discuss this Scheme.

घाटे में चल रहे सरकारी क्षेत्र के एकक

1826. **श्री राम जेठमलानी:**
श्रीमती सुषमा स्वराज:

क्या उद्योग मंत्री यह बताने की कृपा करेंगे कि:

(क) मार्च, 1995 में सरकारी क्षेत्र के कुल कितने औद्योगिक एकक कार्यरत थे और 1994-95 के वित्तीय वर्ष के दौरान उनमें से कितने उद्योग घाटे में चल रहे थे;

(ख) वर्ष 1993-94 के दौरान ऐसे एककों की संख्या कितनी थी;

(ग) क्या यह भी सच है कि इन वर्षों के दौरान घाटे में चल रहे औद्योगिक एककों में भी अतिरिक्त पूंजी का निवेश किया गया है; और

(घ) यदि हां, तो वर्ष 1992-93, 1993-94 और 1994-95 के दौरान ऐसे औद्योगिक एककों में वर्ष-वार कितनी अतिरिक्त पूंजीगत राशि निवेशित की गई?

उद्योग मंत्रालय में राज्य मंत्री (डा० सी० सिल्वेरा): (क) तथा (ख) 31.3.1994 की स्थिति के अनुसार जिस अवधि के लिए सूचना उपलब्ध है, केन्द्रीय सरकारी क्षेत्र के 166 औद्योगिक उपक्रम परिचालन में थे जिनमें से वर्ष 1993-94 के दौरान 89 उपक्रमों ने हानि उठाई जबकि इसकी तुलना में वर्ष 1992-93 के दौरान सरकारी क्षेत्र के 81 औद्योगिक उपक्रमों ने घाटा उठाया था।

(ग) तथा (घ) जी हां, वर्ष 1992-93 और 1993-94 के दौरान अतिरिक्त निवेश की राशि क्रमशः लगभग 7420.75 करोड़ रुपये और लगभग 9270.17 करोड़ रुपये थी।

Independent Commission on Health

1827. SHRI JOYANTA ROY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether an independent Commission on Health in India facilitated by Voluntary Health Association of India, has been working since early 1995;

(b) what are the areas of study the Commission has undertaker;

(c) whether any official Government body had intereacted with this Commission; if so, the details thereof; and

(d) when the report of the Commission is expected and whether Government will release the findings to the public?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI A. R. ANTULAY): (a) Yes, Sir.

(b) According to the Voluntary Health Association of India, the major areas of study the Commission has undertaken are as follow:

(i) Vulnerable Regions and People.

(ii) Communicable Diseases.

(iii) Public Health Institutions.

(iv) Family Planning Impasse.

(c) The Commission had detailed discussions on health related issues with the Parliamentary Standing Committee on Human Resource Development; and

on formation of the Commission with Officials of the Ministry of Health and Family Welfare.

(d) According to the Voluntary Health Association of India the report of the Commission is expected by April, 1996.

Expenditure on Health in terms of GNP

1828. DR. BAPU KALDATE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total expenditure made on Health in terms of GNP;

(b) the internationally acceptable level of GNP for spending on Health; and

(c) the reasons for which real social sector spending has fallen in India during the past few years of fiscal restructuring?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI A.R. ANTULAY): (a) and (b) It is estimated that the percentage of total expenditure on Health in terms of Gross Domestic Product (GDP) is 6% of which 1.3% is public sector expenditure. At the 34th World Health Assembly in 1981, 12 global indicators had been adopted to evaluate the strategies for 'Health for All' by the year 2000 A.D. One of these indicators is the number of countries in which at least 5 percent of Gross National Product (GNP) is spent on Health.

The 4th Conference of Central Council of Health & Family Welfare held in October, 1995, strongly urged the Central Government, Planning Commission and the State Governments to stop up health allocation and also to encourage wider participation in health care by the private sector so that direct investment by the Government can be raised to a minimum of 5% of GDP and the total investment in health goes upto 10% of GDP.

(c) The Health and Family Welfare Sector, which constitute a part of Social Sector spending, received the following plan allocations during the last four years:—

Year	(Rs. in crores)
1992-93	2222.00
1993-94	2709.00
1994-95	3249.10
1995-96	3754.90

Medical Re-Imbursement

1829. SHRI PARAG CHALIHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the disposal of medical re-imbursement cases in R&H section of the Directorate of the CGHS is very slow and the reimbursement claims of low paid pensioners submitted in April, 1995 have not so far been cleared;

(b) whether Government propose to fix a time limit within which such claims should be disposed of: and

(c) if so, the details thereof and if not, in what manner Government would ensure that CGHS beneficiaries, particularly the low paid pensioners are not put to undue hardship and inconvenience?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI A.R. ANTULAY): (a) to (c) The disposal of medical re-imbursement claims of Central Government Health Scheme beneficiaries (pensioners) takes about 2 months in case the treatment is taken in Central Government Health Scheme approved/ recognised hospitals and the claims papers are in order. No such claims of April, 1995 is pending in Reimbursement and Hospitalisation Section of CGHS Directorate. It is not possible to fix a time limit in respect of those cases where the claim papers are not complete or the treatment is taken in private unrecognised hospital. However, ever effort is made to clear the claims of beneficiaries as early as possible within the framework of existing rules and regulations.